

CT Insurance Premiums Tax Reg. No. ▶	1.	Enter tax shown on 2003 Form 207HCC, Line 16	▶	1.		
	2.	Multiply Line 1 by 30%	▶	2.		
Date Received (DRS USE ONLY) ▶	3.	Enter amount from Schedule 1, Line 5 (on back)	▶	3.		
Federal Employer ID Number ▶	4.	Enter the lesser of Line 2 or Line 3	▶	4.		
	5.	Enter overpayment from prior year applied to estimated tax for current year	▶	5.		
	6.	Payment due with this coupon (Subtract Line 5 from Line 4)	▶	6.		

Please change  
name or  
mailing  
address, or  
both,  
if shown  
incorrectly  
at right

Due Date:

March 15, 2004

Make Checks Payable To:

Commissioner of Revenue Services

Mail To:

Department of Revenue Services  
Processing Section  
PO Box 2990  
Hartford CT 06104-2990

CT Insurance Premiums Tax Reg. No. ▶	1.	Enter tax shown on 2003 Form 207HCC, Line 16	▶	1.		
	2.	Multiply Line 1 by 60%	▶	2.		
Date Received (DRS USE ONLY) ▶	3.	Enter amount from Schedule 1, Line 5 (on back)	▶	3.		
Federal Employer ID Number ▶	4.	Enter the lesser of Line 2 or Line 3	▶	4.		
	5.	Enter amount paid with Form 207HCC ESA plus overpayment from prior year applied to estimated tax for current year	▶	5.		
	6.	Payment due with this coupon (Subtract Line 5 from Line 4)	▶	6.		

Please change  
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if shown  
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Due Date:

June 15, 2004

Make Checks Payable To:

Commissioner of Revenue Services

Mail To:

Department of Revenue Services  
Processing Section  
PO Box 2990  
Hartford CT 06104-2990

CT Insurance Premiums Tax Reg. No. ▶	1.	Enter tax shown on 2003 Form 207HCC, Line 16	▶	1.		
	2.	Multiply Line 1 by 80%	▶	2.		
Date Received (DRS USE ONLY) ▶	3.	Enter amount from Schedule 1, Line 5 (on back)	▶	3.		
Federal Employer ID Number ▶	4.	Enter the lesser of Line 2 or Line 3	▶	4.		
	5.	Enter amount paid with Form 207HCC ESA and Form 207HCC ESB plus overpayment from prior year applied to estimated tax for current year	▶	5.		
	6.	Payment due with this coupon (Subtract Line 5 from Line 4)	▶	6.		

Please change  
name or  
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Due Date:

September 15, 2004

Make Checks Payable To:

Commissioner of Revenue Services

Mail To:

Department of Revenue Services  
Processing Section  
PO Box 2990  
Hartford CT 06104-2990

CT Insurance Premiums Tax Reg. No. ▶	1.	Enter tax shown on 2003 Form 207HCC, Line 16	▶	1.		
	2.	Enter amount from Schedule 1, Line 5 (on back)	▶	2.		
Date Received (DRS USE ONLY) ▶	3.	Enter the lesser of Line 1 or Line 2	▶	3.		
Federal Employer ID Number ▶	4.	Enter amount paid with Form 207HCC ESA, Form 207HCC ESB, and Form 207HCC ESC plus overpayment from prior year applied to estimated tax for current year	▶	4.		
	5.	Payment due with this coupon (Subtract Line 4 from Line 3)	▶	5.		

Please change  
name or  
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address, or  
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if shown  
incorrectly  
at right

Due Date:

December 15, 2004

Make Checks Payable To:

Commissioner of Revenue Services

Mail To:

Department of Revenue Services  
Processing Section  
PO Box 2990  
Hartford CT 06104-2990

Who Must File This Coupon

Each health care center whose health care center tax, after the application of *general business tax credits* (as defined in **Special Notice 2003(16)**, *2003 Legislation Affecting the Health Care Center Tax*), for calendar year 2004 will be \$1,000 or more must file this coupon.

Interest

If the payment due with this coupon is not made on or before the due date of this coupon, interest will accrue at the rate of 1% (.01) per month, or fraction of a month, on the amount not paid from the due date of this coupon until the date of payment.

Schedule 1

1	Enter estimated health care center tax due for calendar year 2004 <b>prior to</b> the application of general business tax credits.		00
2	Multiply Line 1 by 70% (.70)		00
3	Enter estimated general business tax credits against the health care center tax due for calendar year 2004. (May not exceed amount entered on Line 2)		00
4	Subtract Line 3 from Line 1		00
5	Multiply Line 4 by 27% (.27)		00

207HCC ESA Back (Rev. 1/04)

Who Must File This Coupon

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2	Multiply Line 1 by 70% (.70)		00
3	Enter estimated general business tax credits against the health care center tax due for calendar year 2004. (May not exceed amount entered on Line 2)		00
4	Subtract Line 3 from Line 1		00
5	Multiply Line 4 by 54% (.54)		00

207HCC ESB Back (Rev. 1/04)

Who Must File This Coupon

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1	Enter estimated health care center tax due for calendar year 2004 <b>prior to</b> the application of general business tax credits.		00
2	Multiply Line 1 by 70% (.70)		00
3	Enter estimated general business tax credits against the health care center tax due for calendar year 2004. (May not exceed amount entered on Line 2)		00
4	Subtract Line 3 from Line 1		00
5	Multiply Line 4 by 72% (.72)		00

207HCC ESC Back (Rev. 1/04)

Who Must File This Coupon

Each health care center whose health care center tax, after the application of *general business tax credits* (as defined in **Special Notice 2003(16)**, *2003 Legislation Affecting the Health Care Center Tax*), for calendar year 2004 will be \$1,000 or more must file this coupon.

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2	Multiply Line 1 by 70% (.70)		00
3	Enter estimated general business tax credits against the health care center tax due for calendar year 2004. (May not exceed amount entered on Line 2)		00
4	Subtract Line 3 from Line 1		00
5	Multiply Line 4 by 90% (.90)		00

207HCC ESD Back (Rev. 1/04)

Required Annual Payment

For estimated health care center tax purposes, a health care center's required annual payment is the lesser of:

- 90% (.90) of the tax that will be shown on its 2004 Form 207HCC (**after** the application of general business tax credits); or
- 100% of the tax shown on its 2003 Form 207HCC, Line 16.

Required Annual Payment

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- 90% (.90) of the tax that will be shown on its 2004 Form 207HCC (**after** the application of general business tax credits); or
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- 90% (.90) of the tax that will be shown on its 2004 Form 207HCC (**after** the application of general business tax credits); or
- 100% of the tax shown on its 2003 Form 207HCC, Line 16.